



RELATED TO BUILDING PERMIT # _____

DATE ____/____/____

CITY of WILLIAMSBURG APPLICATION FOR TRADE PERMIT

401 Lafayette Street, Williamsburg, Virginia 23185-3617 (757) 220-6136, Fax (757) 220-6134 OFFICE HOURS 8:00 AM - 4:30 PM

ADDRESS/LOCATION: _____

SUBDIVISION: _____

WORK PERFORMED ON: ____ ONE/TWO FAMILY DWELING ____ THREE OR MORE RESIDENTIAL UNITS ____ COMMERCIAL/INDUSTRIAL

APPLICANT: ____ OWNER ____ CONTRACTOR ____ ARCHITECT/ENGINEER ____ LEASEHOLDER ____ OTHER

CONTRACTOR _____

ELECTRICAL SERVICE: ____ OVERHEAD ____ UNDERGROUND

ADDRESS _____

PROPERTY OWNER _____

CITY/STATE/ZIP CODE _____

ADDRESS _____

PHONE _____ FAX _____

CITY/STATE/ZIP CODE _____

JOB CONTACT _____

PHONE _____

**** PROOF OF VALID STATE CONTRACTOR/TRADESMEN LICENSES AND LOCAL BUSINESS LICENSE MUST BE PROVIDED AT TIME OF APPLICATION ****

STATE REGISTRATION # _____ CLASS ____ A ____ B ____ C EXPIRATION ____/____/____ WORK CLASSIFICATION _____

BUSINESS LICENSE LOCALITY _____ NUMBER _____ EXPIRATION ____/____/____

ELECTRICAL PERMIT #E _____	GAS PERMIT #G _____	MECHANICAL PERMIT #M _____	PLUMBING PERMIT #P _____
____ TEMPORARY SERVICE ____ NEW BUILDING SERVICE ____ AMPS ____ PHASES ____ INCREASE SERVICE ____ AMPS ____ PHASES ADD / REPLACE ____ PANEL ____ EQUIP ADD RECEP/ CIRCUIT / FIXTURES ____ 1-25 ____ 26-50 ____ 51-100 ____ 101-200 ____ OVER 200 NOT DEFINED VALUE \$ _____ VALUE OF JOB \$ _____	____ # OUTLETS/SYSTEMS ____ LP GAS TANKS ____ 0-500 GALLONS ____ 501 + GALLONS NOT DEFINED VALUE \$ _____ VALUE OF JOB \$ _____	____ NEW CONSTRUCTION GAS / ELEC REPAIR / ADDITION ____ HEAT PUMP/AC ____ TONS ____ FURNACE/BOILER ____ BTU's ____ GAS PAC COMBO ____ BTU's ____ BURNER CONVERSION ____ AIR HANDLING UNIT ____ REFRIGERATION UNITS ____ FIRE DAMPER ____ EXHAUST FAN/AIR DIST BOX ____ PUMPS ____ DUCT WORK Bldg.SqFt _____ ____ COMM/KITCHEN EX HOOD ____ TYPE I ____ TYPE II NOT DEFINED VALUE \$ _____ VALUE OF JOB \$ _____	____ NEW CONSTRUCTION ____ REPAIR / ADD ____ # OF FIXTURES ____ WATER/SEWER REPLACEMENT ____ LAWN IRRIGATION ____ WATER/SEWER/STORM/FIRE SERVICE LATERAL ____ WELLS (INCLUDING PUMPS) ____ PUMPS (CIRCULATION, SEWAGE) NOT DEFINED VALUE \$ _____ VALUE OF JOB \$ _____

BRIEF DESCRIPTION OF WORK: _____

APPLICANT SIGNATURE: _____ APPLICANT PRINTED NAME: _____